

FILED JUL 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE NUMBER

24266

Registration District No. 132 Primary Registration District No. 548D Registrar's No. 134

1. PLACE OF DEATH a. COUNTY Grady, MO				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Grady			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton Twp.				c. CITY OR TOWN Trenton, MO			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD #2 Trenton				d. STREET ADDRESS 2213 Chicago			
3. NAME OF DECEASED (Type or print) First MARY Middle JANE Last McNeilly				4. DATE OF DEATH Month July Day 19 Year 1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 26, 1954	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Engleville, Mo.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME George Dorte				14. MOTHER'S MAIDEN NAME MARGARET Yoder			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Mrs. Les Bandy Trenton, MO			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Severe of Senile Epilepsy DUE TO (b) Chronic Myocarditis DUE TO (c) Extreme Senility PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4222							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour 11:57 A Month July Day 19 Year 1957				20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20f. CITY, TOWN, OR LOCATION Trenton, MO			
21. I attended the deceased from on July 19, 1957 and last saw her him alive on July 19, 1957 Death occurred at 11:57 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE E. J. Maier				22b. ADDRESS Trenton, MO		22c. DATE SIGNED 7/29/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/22/57		23c. NAME OF CEMETERY OR CREMATORY Allen Cemetery		23d. LOCATION (City, town, or county) (State) Bethany MO	
24. FUNERAL DIRECTOR J. Gordon Blackmore Trenton, MO				25. DATE RECD. BY LOCAL REG. 7/24/57		26. REGISTRAR'S SIGNATURE Ernie J. J. J.	

(Licensed Embalmer's Statement on Reverse Side)

Dr. E. J. Maier.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en
by me, or by Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *David Hobbs*

Licensed Embalmer No. *49*

P. O. Address *San Antonio*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.